

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/07/2016
NAME OF PROVIDER OR SUPPLIER ALMOST HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1919 VAN BUREN GREAT BEND, KS 67530		
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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Home Plus Facility in Great Bend, Kansas on 12/05/16, 12/06/16, and 12/07/16.	S 000		
S 140 SS=F	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR 26-39-103(i)(1) The census equalled eight the sample included three Residents. Based on observations, interviews, and reviews of records, for three of three sampled (#189, #187, and #185) and for five non-sampled Residents, the Operator failed to develop and implement policy and procedure	S 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 140	<p>Continued From page 1</p> <p>to ensure Residents afforded the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of video monitors in Resident rooms that provided visual transmission of all room activity to the open kitchen of facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - By observation on 12/05/16 at 12:35pm, in the open kitchen of facility, a computer screen displayed a split screen of nine separate views captured by cameras installed throughout the facility. These views included one in each of six resident rooms, one on the parking lot, one on the front exterior porch, and one on the back exterior porch. During this observation of the monitor, one of the nine views revealed personal hygiene care and repositioning being provided to an unidentified Resident in bed in his/her room. This visual monitor viewable by anyone entering or passing through the kitchen. <p>By interview on 12/05/16 at 12:35pm, Operator/RN (registered nurse) #G confirmed the video monitor displayed nine views that included all Resident rooms of the facility... confirmed all activity and personal cares of each Resident room visible on this monitor. Operator/RN #G stated staff used the visual feeds to monitor Residents while preparing meals in the kitchen... stated facility policy is that screen will be minimized or covered with a towel when staff not present to watch... confirmed current status allowed all personal room activity to be viewed by anyone entering or passing through kitchen. Operator/RN #G stated we obtained written consents to use these cameras from all Residents and/or Resident families upon admission... explain to them it is only visual</p>	S 140		

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S 140	<p>Continued From page 2</p> <p>monitoring and not audio... #G draped a kitchen towel over the monitor screen.</p> <p>By observation on 12/05/16 at 1:22pm, re-entered kitchen, no staff in kitchen... observed all nine camera feeds in full view on the monitor. After a brief interaction with Operator/RN #G, certified staff entered the kitchen from the small dining area, and proceeded to change the monitor display from nine views to a single view of the parking lot.</p> <p>By observation on 12/06/16 at 9:35am, re-entered kitchen, no staff in kitchen... observed one single view of the parking lot on display.</p> <p>By observation on 12/06/16 at 1:11pm, re-entered kitchen, no staff in kitchen... observed all nine camera feeds in full view on the monitor. After a brief interaction, Operator/RN #G changed the monitor display from nine views to a single view of the parking lot.</p> <p>By review, the medical record of each sampled Resident #189, #187, and #185 contained a "Consent for Audio/Visual Monitoring" form. This page documented "I understand that this monitor does not record images or audio conversations but is used as a real-time monitoring device only. This monitor will not be used where visible to other Residents or visitors as to preserve and protect the privacy of... (Resident's name in blank)."</p> <p>Review of facility Policy titled "Audio/Visual Monitors (Baby Monitor)" documented: "6. Audio/visual monitoring will be used ONLY when the Resident will not be seen or heard by other Residents or visitors to ensure the Resident's right to privacy."</p>	S 140		

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S 140	Continued From page 3 The Operator failed to develop and implement policy and procedure to ensure Residents afforded the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of video monitors in Resident rooms that provided visual transmission of all room activity to the open kitchen of facility.	S 140		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equalled eight the sample included three Residents. The facility identified 17 employees hired since the last survey. Based on reviews of records and interview, for all	S5215		

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S5215	Continued From page 4 Residents, the Operator failed to ensure a quarterly review of the home's emergency management plan with Residents. Findings included: - On 12/06/16 at 11:52am, requested information regarding quarterly disaster reviews with Residents and staff. Operator/RN (registered nurse) #G provided disaster reviews completed with facility staff, but none for Residents. At 2:30pm, Operator/RN #G confirmed emergency management plan not reviewed quarterly with Residents... stated we do drills for fire and tornado... but I have not reviewed all emergency plans with Residents on a quarterly basis. The Operator failed to ensure for all Residents, quarterly reviews of the facility emergency management plan completed.	S5215		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S5258		

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S5258	<p>Continued From page 5</p> <p>nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-102(a)</p> <p>The census equalled eight the sample included three Residents. The Resident roster identified all Residents as receiving medication management. The facility identified 17 employees hired since the last survey, five of these reviewed, two of the five reviewed certified Medication aides. Based on interview and reviews of records, for one of two certified Medication aides reviewed (#C), the Operator failed to ensure employee record contained evidence of current certification for one full time employee who routinely administered medications to all Residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 12/06/16 at 10:50am, review of personnel files conducted with Operator/RN (registered nurse) #G. <p>Review of employee file for certified Medication aide #C revealed an expiration date of 10/28/16.</p> <p>On 12/06/16 at 11:34am, access and review of current Nurse Aide Registry information revealed</p>	S5258		

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S5258	Continued From page 6 Medication aide #C expired as of 10/28/16. The record lacked evidence of current re-certification. On 12/06/16 at 11:34am, Operator/RN #G confirmed Medication aide #C has worked as a full time Medication aide on the night shift since expiration on 10/28/16. On 12/06/16 at 12:00pm, Operator/RN #G provided a time card print of dates worked by Medication aide #C. This report revealed Medication aide #C administered medications during 18 twelve hour shifts between 10/28/16 and 12/06/16. Operator/RN #G stated I am in the process of filling the shift for tonight... #C was scheduled to work and we will replace him/her until certification up to date. The Operator failed to ensure employee record contained evidence of current certification for Medication aide #C who routinely administered medications to all Residents.	S5258		
S5301 SS=E	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident 's medication in the resident 's medication administration record immediately before or following completion of the task. If the	S5301		

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S5301	<p>Continued From page 7</p> <p>medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)</p> <p>The census equalled eight the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observation, interview, and review of record, for one non-sampled Resident (#170), the Operator failed to ensure a licensed nurse or medication aide administered only the medication they personally prepared.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observations on 12/05/16 at 1:00pm in Hospice area of facility, which housed a locked refrigerator, revealed plastic bags inside refrigerator containing pre-filled syringes of oral Morphine and oral Ativan. <p>These baggies observed to contain 0.5mg (milligram) doses of oral Morphine in seven syringes and 0.5mg doses of oral Ativan in six syringes.</p> <p>By interview on 12/05/16 at 1:00pm, certified Medication aide #J confirmed the oral Ativan liquid and Morphine liquid pre-drawn by licensed nurses into syringes from the prescription multi-dose bottles. These syringes then labeled by the nurses, and placed in the plastic bags for as needed administration by certified Medication</p>	S5301		

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S5301	Continued From page 8 aides on duty. By interview on 12/06/16 at 10:29am, Operator/RN (registered nurse) #G stated the nurses draw syringes and make note of the dose and store in refrigerator... we (nurses) draw those up so Medication aides don't have to draw them up... always my understanding that Nurse had to draw up narcotics because Medication aides couldn't. Requested medication storage and/or preparation and administration policies and procedures. By interview on 12/06/16 at 11:30am, Owner/Operator/RN #I stated under the impression drawing doses from multi dose containers was beyond the scope of practice for Medication aides so had nurses pre-fill syringes for Medication aides to administer. Requested facility medication policies and procedures and/or other documentation related to scope of practice for oral solution medications. On 12/06/16 at 1:00pm Operator/RN #G confirmed unable to locate medication policies and procedures... confirmed person administering medication not the same person who prepared the dose. The Operator failed to ensure a licensed nurse or Medication aide administered only the medication they personally prepared.	S5301		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S5315		

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S5315	<p>Continued From page 9</p> <p>biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.</p> <p>(1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.</p> <p>(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.</p> <p>(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home.</p> <p>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4)</p> <p>The census equalled eight the sample included three Residents. The facility identified all Residents with facility managed medications.</p>	S5315		

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S5315	<p>Continued From page 10</p> <p>Based on observation, interviews, and reviews of records, for three of three sampled (#189, #187, and #185) and five non sampled, the Licensed nurse and certified Medication aides (CMA) failed to ensure all controlled medications stored in a separately locked compartment within a locked storage area, in regard to the controlled medications stored in a single lock refrigerator.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observations on 12/05/16 at 1:00pm in Hospice area of facility, which housed a locked refrigerator, revealed plastic bags of pre-filled syringes containing oral solutions of Morphine and Ativan inside the single lock refrigerator, and prescription bottles of these medications. These baggies observed stored with other medications (non-controlled) in refrigerator compartment to include suppositories and injectable medications. <p>By interview on 12/05/16 at 1:00pm, certified Medication aide #J confirmed these controlled medications (Morphine and Ativan bottles and individual dose pre-filled syringes) not stored under double lock system (separately locked compartment within a locked storage area)... stated these medications belong to non-sampled Resident #170... we don't always have a Hospice patient... must not of thought about it when put in here under single lock...</p> <p>By interview on 12/06/16 at 9:35am, Operator/RN (registered nurse) #G confirmed the controlled medications under single lock yesterday... we now have a locked box inside the locked refrigerator with the controlled medications inside (Operator/RN #G demonstrated the double locked medication system in use).</p>	S5315		

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S5315	Continued From page 11 By interview on 12/06/16 at 12:12pm, Operator/RN #G confirmed unable to locate any facility medication storage and/or administration policies and procedures. The Licensed nurses and CMA's failed to ensure any controlled medications used by Residents with facility managed medications, stored in a separately locked compartment within a locked cabinet, or room as required.	S5315		